

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.						
1							51					
2	1						52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
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13							63					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep.	2						Total Indep.					
Total Depend.	26						Total Depend.					
Total Claims	28						Total Claims					